

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Hernandez, Victor

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

New York City Department of Corrections.
Captain O'Neal
Correction Officer Powell
Correction Officer ~~Assisted~~ Mance

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

07/28/2014

PHOSE OFFICE

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Victor Hernandez
ID # 349 14 00129
Current Institution G.R. VC
Address 09-09 Hazen Street
East Elmhurst, N.Y 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name New York City Department of Corrections Shield # 13-18 Hazen Street Legal Division
Where Currently Employed 13-18 Hazen Street Legal Division
Address 60 Hudson Street 6th Floor

Defendant No. 2 Name Correction Officer Powell Shield # _____
 Where Currently Employed A.M. K.C.

Address 18-18 Hazen Street
East Elmhurst, NY 11370

Defendant No. 3 Name Correction Officer Alessent Mance Shield # _____
 Where Currently Employed A.M. K.C.

Address 18-18 Hazen Street
East Elmhurst, NY 11370

Defendant No. 4 Name Captain O'NEAL Shield # _____
 Where Currently Employed 18-18 Hazen Street

Address 09 East Elmhurst, NY 11370

Defendant No. 5 Name Correction Officer John Doe Shield # _____
 Where Currently Employed F.R.V.C.

Address 18-18 Hazen Street
East Elmhurst, NY 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

A.M.K.C. Rivers Island

B. Where in the institution did the events giving rise to your claim(s) occur?

In 2 Lower A-side inside the Vestibule
Corridor.

C. What date and approximate time did the events giving rise to your claim(s) occur?

August 26, 2012 at 9:40 PM.

at 9:45

D. Facts: On August 26, 2012 I was beaten up by Correction Officers ~~McFrance~~ and Powell along with their batons to my face. They told me to turn around and as soon as I turned around they started hitting at me with their billy club causing me to bleed through my nose heavily.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

I didn't do anything and they beat me up for no reason in front of the entire housing area. I sustained 3 big fures to my nose and ended up with a black eye.

They rushed me to Elmhurst Hospital where they started me on IV Fluid and pain killers. When I was released they sent me to the box for 90 days and it wasn't even my fault. Now I can see you Justice. Also I would like to mention that the probe team offig John Doe twisted my hand so bad after the incident that my wrist hurt for a month and I could not work for a month.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Black Eye, Head Contusion and Fractures to my nose. They Sent me to Elmhurst Hospital in Queens where they did CatScans and gave me pain killers Morphine.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island A.M.C 18-18 Haze Street

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

A.M.C and Board of Corrections

1. Which claim(s) in this complaint did you grieve? My injuries

Caused by Police Brutality

2. What was the result, if any? Nothing. Department of

Corrections gets points for preying on the weak.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Grievance, Commissioner's claim

Board of Corrections and Appellate to the Warden
and even wrote to US Senators and none
did nothing. Not lift a voice or finger for me.
Also Article 78 was Filed and I lost.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed.

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

I exhausted all of them first me!

I also wrote to former United States Senator Hillary Clinton. I filed a grievance, I appealed it to Grievance Committee, I filed a claim, I friend B.O.L.'S and Submitted Article 78 all four steps were exhausted.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am seeking \$100,000,000.

One hundred Million dollars for mental anguish, Police Brutality and Broken bones and a broken nose to my face. My face was scared with my nose looking crooked for life and swelling to my nose and trouble breathing for the rest of my life due to a crooked nose.

I can no longer breath properly as a result of my nose being broken by Department of Correction Officers Powell and ~~Attley~~ who beat me up for no reason. I recommend that their jobs be terminated so they never have to beat innocent inmates up. I have hospital records from Elmhurst and Bellevue Hospital that proves after incident that I have trouble breathing.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

On these claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No 1

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of July, 2014

Signature of Plaintiff

Inmate Number

Institution Address

Victor Henenakay
349-14-00129
09-09 Hazen Street
East Elmhurst, N.Y 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 6 day of July, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Victor Henenakay